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## \*BIBDATASHEET\*

CONFIRMATION NO. 3612

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/776,750	<b>FILING OR 371(c) DATE</b> 02/11/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> P-3563	
<b>APPLICANTS</b> John Hancock, Fishers, IN;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/446,745 02/11/2003 and claims benefit of 60/447,235 02/12/2003  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/20/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Michael D. Beck Maginot, Moore and Beck, LLP Bank One Center/Tower 111 Monument Circle, Suite 3250 Indianapolis, IN46204-5116					
<b>TITLE</b> SINGLE-HANDED BIOPSY SYSTEM					
<b>FILING FEE RECEIVED</b> 403	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		